## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09/896607

| CLAIMS AS FILED - PART I  |             |   |              |                               |                       | SMALL ENTITY     |            |              | ITITY                  | OTHER THAN |                     |                        |
|---|-------------|---|--------------|-------------------------------|-----------------------|------------------|------------|--------------|------------------------|------------|---------------------|------------------------|
| TOTAL CLANIC  |             |   | (Column 1)   |                               | (Column 2)            |                  | 1.         | TYPE         |                        | OR         | SMALL               | ENTITY                 |
| TOTAL CLAIMS  |             |   | 8            |                               |                       |                  |            | RATE         | FEE                    |            | RATE                | FEE                    |
| FOR   |             |   | NUMBER FILED |                               | NUMB                  | ER EXTRA         |            | BASIC FEE    | 355.00                 | OR         | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |             |   | minus 20=    |                               | •                     |                  |            | X\$ 9=       |                        | OR         | X\$18=              |                        |
| INDEPENDENT CLAIMS  |             |   | d minus 3 =  |                               | *                     |                  |            | X40=         |                        | OR         | X80=                | 80                     |
| MULTIPLE DEPENDENT CLAIM PRESENT  |             |   |              |                               |                       |                  |            | +135=        |                        | OR         | +270=               |                        |
| * If the difference in column 1 is less than zero, enter  |             |   |              |                               | r "0" in c            | olumn 2          |            | TOTAL        |                        | OR         | TOTAL               | 760                    |
| CLAIMS AS AMENDED -   |             |   |              |                               | T II                  |                  |            | ì            |                        | •          | OTHER               | , ,                    |
|   |             | (Column 1)                                  |              | (Colur                        |                       | (Column 3)       |            | SMALL E      | ENTITY                 | OR         | SMALL               | ENTITY                 |
| AMENDMENT A   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY          | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total       | . 8   | Minus        | 2                             | 0                     | -0               |            | X\$ 9=       |                        | OR         | X\$18=              |                        |
|   | Independent | . 4   | Minus        | ***                           | 3                     | <u>- 0</u>       |            | X40=         |                        | OR         | X80=                |                        |
| L   | FIRST PRESE | NTATION OF M                                | JUIPLE DEF   | ENDEN                         | CLAIM                 |                  | ,          | +135=        |                        | OR         | +270=               |                        |
|   |             |   |              |                               |                       |                  |            | TOTAL        |                        | OR         | TOTAL<br>ADDIT. FEE | <b>P</b>               |
|   |             | (Column 1)                                  |              | (Colu                         | mn 21                 | (Column 3)       |            | ADDIT. FEE   |                        | •          | AUDII. PEEI         |                        |
| AMENDMENT B   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              |                               | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total       | •   | Minus        | **                            |                       | =                |            | X\$ 9=       |                        | OR         | X\$18=              |                        |
| AME   | Independent | •   | Minus        | ***                           | T 01 4114             | =                | 4          | X40=         |                        | OR         | X80=                |                        |
|   | FIRST PRESE | NTATION OF MI                               | JLTIPLE DEP  | ENDEN                         | CLANVI                |                  | ا ل        | +135=        |                        | OR         | +270=               |                        |
|   |             |   |              |                               |                       |                  | ı          | TOTAL        |                        | OR         | TOTAL               |                        |
|   |             | (Column 1)                                  |              | (Colui                        | mn 2)                 | (Column 3)       |            | ADDIT. FEE I |                        | ,          | ADDIT. FEE          |                        |
| AMENDMENT C   |             | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVI<br>PAID  | IEST<br>BER<br>OUSLY  | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| MON   | Total       |   | Minus        | **                            |                       | =                |            | X\$ 9=       |                        | OR         | X\$18=              | ·                      |
| ME  | Independent | *   | Minus        | ***                           |                       | <u> -</u>        | <b>↓</b> Ì | X40=         |                        | OR         | X80=                |                        |
|   | FIRST PRESE | NTATION OF M                                | ULTIPLE DEF  | ENDEN                         | T CLAIM               |                  | J          | .405         |                        |            | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |             |   |              |                               |                       |                  |            |              |                        | OR         | +2/U=               |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |   |              |                               |                       |                  |            |              |                        |            |                     |                        |